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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/691,031	10/22/2003	Edward Z. Cai	CAI-05082000D1

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CONFIRMATION NO. 7558

FORMALITIES LETTER



OC000000011752345

Date Mailed: 01/23/2004

NOTICE TO FILE CORRECTED APPLICATION PAPERS

Filing Date Granted

An application number and filing date have been accorded to this application. The application is informal since it does not comply with the regulations for the reason(s) indicated below. Applicant is given TWO MONTHS from the date of this Notice within which to correct the informalities indicated below. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

The required item(s) identified below must be timely submitted to avoid abandonment:

- A substitute specification in compliance with 37 CFR 1.52, 1.121(b)(3), and 1.125, is required. The specification, claims, or abstract page(s) submitted is not acceptable and cannot be scanned or properly stored because:
 - The specification, claims, or abstract page(s) 1, 20, 36, 37, 49, 50, 52, and 55 are not typewritten or mechanically printed in permanent dark ink on one side (see 37 CFR 1.52(a) and (b)).
- Replacement claim(s) commencing on a separate sheet in compliance with 37 CFR 1.75(h) and 1.121 is required.

The applicant needs to satisfy supplemental fees problems indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Additional claim fees of \$18 as a small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is \$18 for a Small Entity

- Total additional claim fee(s) for this application is \$18
 - \$18 for 44 total claims over 20.

Replies should be mailed to: Mail Stop Missing Parts
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A copy of this notice MUST be returned with the reply.

H-Truong

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